

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Statement covers period from <u>01/01/2019</u> through <u>06/30/2019</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
<p>2. Type of Statement:</p> <p><input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 T)</p> <p><input type="checkbox"/> Amendment (Explain below)</p>	
<p>Complete Parts 1, 2, 3, and 4.</p> <p>Primarily Formed Ballot Measure Committee</p> <p><input type="radio"/> Controlled <input type="radio"/> Sponsored (Also Complete Part 6)</p> <p>Primarily Formed Candidate/Officeholder Committee</p> <p>4100 (Complete Part 7)</p>	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Officerholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | | |

SEE INSTRUCTIONS ON REVERSE

2 Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mike Cordero for Council 2020

STREET ADDRESS (NO P.O. BOX)			
2151 S College Dr Ste 101			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 932-4881

OPTIONAL: FAX / E-MAIL ADDRESS
arybee@aol.com

A Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	Signature of Treasurer or Assistant Treasurer
	Signature of Controlling Officer/Holder, Advocate, Stakeholder, Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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COVER PAGE -PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1324 Ruby Ct.	Santa Maria	CA	93454

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)
COMMITTEE ADDRESS	
CITY	STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)
COMMITTEE ADDRESS	
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

CALIFORNIA FORM 460	Statement covers period from <u>01/01/2019</u>	through <u>06/30/2019</u>	Page <u>3</u> of <u>4</u>
	I.D. NUMBER <u>1390966</u>		

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>0.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>350.00</u>	\$ <u>350.00</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>350.00</u>	\$ <u>350.00</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>350.00</u>	\$ <u>350.00</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>6,258.18</u>	
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>350.00</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>5,908.18</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0.00</u>
18. Cash Equivalents	See instructions on reverse \$ <u>0.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0.00</u>

SUMMARY PAGE

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
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Expenditure Limit Summary for State Candidates

20. Contributions Received \$ <u>0.00</u>	1/1 through 6/30	7/1 to Date
21. Expenditures Made \$ <u>0.00</u>	/	/

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Mike Cordero for council 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate
VOT	voter registration
WEB	information technology costs (internet, e-mail)

Individual circumstances must also be summarized on Schedule D.

Schedule E Summary

- | | |
|--|-----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 300.00 |
| 2. Unitermized payments made this period of under \$100 | \$ 50.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | \$ 350.00 |
| TOTAL | \$ |